



DONATION
Request Form

Completion of this form indicates a request; it does not guarantee a donation. Donation requests must be received a minimum of 2 weeks prior to the event to be considered.

Event Date _____ Date Donation needed by _____ # of Attendees _____

Organization _____

Type: Business Charity Church Civic School Other

If other, please specify: _____

Tax Exempt # / 501c3 _____

Donation mailing address _____

City _____ State _____ Zip _____

Contact Name _____

Daytime Telephone # _____ Fax # _____

Evening Telephone # _____

E-mail _____

Event Name _____

Event Location _____

Event Description (Please be specific, who benefits, the cause, goals, etc)

Item(s) requested: (be specific, food donation, product, gift certificate)

Item to be used for (silent auction, door prize, etc)

****As a courtesy, those that have requested donations will be asked to recognize Avanti's contributions during the event and in pre-event and post-event communications.*